

OSC Use Only:
 Reporting Code:
 Category Code:
 Date Contract Approved:

FORM A

State Consultant Services - Contractor's Planned Employment
 From Contract Start Date Through The End Of The Contract Term

State Agency Name: NYS Department of Health Agency Code: 12000
 Contractor Name: Michael S. Jakubowski, MD Contract Number: S033293
 Contract Start Date: 1/1/2020 Contract End Date: 12/31/2020

Employment Category	Number of Employees	Number of hours to be worked	Amount Payable Under the Contract
Physicians and Surgeons	1	720	\$54,000
Total this page	1	720	\$54,000
Grand Total	1	720	\$54,000

Name of person who prepared this report: Michael S. Jakubowski, MD
 Title: Sole Proprietor
 Preparer's Signature: *Michael S. Jakubowski* Phone #: 518-402-6718
 Date Prepared: 02/10/2020